

PLEASE PRINT

STATE OF NEW HAMPSHIRE

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2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

APR 2 5 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) George W. Roussos					
II. Name of lobb	yist's partnership, (irm or corporation, if a	ıny:		
Orr & Reno, P	P.A.				
	(Name of partnership,	firm or corporation)	as		
45 S. Main Stre	eet, PO Box 3550	Concord	NH	_03302-3550	
Business Address:		(Town/City)	(State)	(Zip Code)	
(603) 224-238	1	(603) 224-2318	e-mail grouss	os@orr-reno.com	
(Telepho		(Fax		03(2011-1010,0011	
reportable exper	ise transactions whi	ch are not attributable	to any one client).	may file a separate report for	
△ All reportable	transactions occurri	ng in the months prior to	the reporting date relative t	o the following client:	
American Fa	mily Life Assuranc	e Company			
	(Full Name of C	Client as it appears on the L	obbyist Registration Form)		
OR					
All reportable unrelated to any p		obbyist (including the lo	bbyist's family), or the lobb	ying firm listed below which are	
IV. Date of Repo	ort April 24, 201	9 🛭	July 31, 2019 🔲		
Reports cover:	activity from date of r		activity from 4/1/19 to 6/30	0/19	
	October 30, 2 activity from 7/1/		January 29, 2020 activity from 10/1/19 to 12		
V. There have If this box is chec Concord, NH 033	ked, complete just th	ved and no reportabl is form and submit it to t	e transactions made sind he Secretary of State's Offic	ce the last report. © State House, Room 204,	
VI Check if add	litional reports are a	ittached:			
			file Addendum A– Fees an	d Expenses	
•	aid an honorarium o	•	ou must file Addendum B-		
If you, your f	firm, or your family h	nas made political contrib	outions, you must file Adde	ndum C- Political Contributions	
I have read RSA and complete to	he best of m knowle byist)	14-C and RSA 664 and 1	04/24/19	the foregoing information is true	
(Print Name of le	obbyist)				

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos		
II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A. (Name of partnership, firm or corporation)		
III. Name of Client American Family Life Assurance Company	Date04/24	4/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or pub	olic relations service
a) Total of all fees received in this reporting period	a) \$	5,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ ear)	0.00
c) Total of all fees received to date (Add lines a and b)	c) \$	5,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expensy be filed for aggregate total spenses; (b) the seemeals purchases than \$10 that id with a value outing period of give of greater than \$25, but expense reimburs.	nditures are made the lobbyist(s)/firm of all expenses paraggregate total of a sed during a busine s given to the person \$25.00 or less); and the sed that \$25.00 or less \$
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	50.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	50.
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.
f) Total of all expenses year to date	f) \$	50
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	lobbying fees du	ring this repo
Paid to:	Amount:	
	\$	
	\$	· · · · · · · · · · · · · · · · · · ·
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affi	rm that the fore	going infor
is true and complete to the best of my knowledge and belief.		
- My my mm	04/24	
(Signature of lobb/ist)	(Dat	e)

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Ge	orge W. Roussos
Name of Lobbying partnership, firm, or corporation:	Orr & Reno, P.A.
Name of Client (leave blank if Statement is for the pa	rtnership, firm, or corporation and not related to any
particular client): <u>American Family Life Assurance C</u>	Company
Date of Report (check one):	
April 24, 2019 🖾 July 31, 2019 🗖 Octo	ber 30, 2019 ☐ January 29, 2020 ☐
I have read RSA 15, RSA 15-B, RSA 664, the State the following Addendums submitted with that State submitted):	
_x Addendum A(s).	
Addendum B(s).	
x Addendum C(s).	
I hereby swear or affirm that the foregoing informatic complete to the best of my knowledge and belief.	on on the Statement and each Addendum is true and
16: WWW JAPA	04/24/19 (Date)
(Signature of lobbyist)	(Date)
George W. Roussos	